

## ARKANSAS STATE POLICE

## Concealed Handgun Carry License

## Add Enhanced Endorsement to Replacement License Request Form

PLEASE TYPE OR PRINT LEGIBLY

(Not required for New or Renewal applications to add Enhanced Endorsement)

Name:		
LAST	FIRST	MIDDLE
Arkansas Concealed Handgun Carry License #:		Exp date:
Date of Birth:	Arkansas driver's license r	number:
Physical address:		
•	(STRE	ET)
	,(COUNTY)	, AR
(CITY)	(COUNTY)	(ZIP CODE)
Mailing address:		
	(P. O. BOX #, ETC.)	
		, AR(ZIP CODE)
(CITY)	(COUNTY)	(ZIP CODE)
Daytime telephone number: (	) E-mail	address:
qualifications to hold an Ark 73-301 et seq. and any other I hereby state under oath the	ansas concealed handgun carstate and federal law.  at the representations made	that he/she is in compliance with all the arry license pursuant to Ark Code Ann §5- herein are true and correct and that I will upon receipt of my Enhanced Concealed
Signature of Applicant:		Date:
Signature of Applicant:(F	irst/MI/Last Name)	(Month/Day/Year)
This form <b>MUST</b> be notarized	d before submittal to the Ark	kansas State Police.
public in and for the county	aforesaid this day	ubscribed and sworn before me a notary y of, 20  My commission expires:

## YOU **MUST** ENCLOSE THE FOLLOWING WITH THIS REQUEST:

- **1.** This properly completed form;
- **2.** A properly completed Enhanced Concealed Handgun Carry License Training Form dated within the previous six (6) months; and
- **3.** a. If you are 64 years of age or younger A check or money order for **\$15.00** payable to the Arkansas State Police **OR**:
- b. If you are 65 years of age or older A check or money order for **\$7.50** payable to the Arkansas State Police.

Mail your request packet to: Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209